

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/36147 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12						
13						
14						
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	23	↔	↔	↔		
TOTAL CLAIMS	25	12	12	12		

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

↓ ↓ ↓